

# ROUTING AND TRANSMITTAL SLIP

Date

10/17/83

TO: (Name, office symbol, room number, building, Agency/Post)

Initials

Date

1. *Alfetta*
- 2.
- 3.
- 4.
- 5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

*Overs Ill. -*  
*MOD 073025447*  
*Delete - NR* ✓

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RCRA RECORDS

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

*Shamus*

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA  
FPMR (41 CFR) 101-11.206